

facturer your difficulties will increase ; there is, however, one golden rule which you can fearlessly apply to the latter—refuse to have anything to do with any one of them. A baby's natural food is milk, and a particular kind of milk, only containing certain known proportions of albumen, fat, sugar, and water. Moreover, it can be closely approximated by adding certain diluents and sugar to cows' milk in proper proportions.

In the first place, you must realise that a baby's stomach has naturally a very small capacity, but that even after it is full many children will continue to suck a bottle ; this brings about a habit of vomiting which is both disagreeable and hard to cure.

A baby spends the first day of its life chiefly in sleep, but when it begins to take food, about twelve hours after birth, 3 iv. at a time are amply sufficient until the close of the first forty-eight hours ; this quantity can then be gradually increased up to 3 vi., and if this be well borne, increase, according to the child's capacity, to 3 i. in each bottle by the end of the first week. During this time the baby should be fed every two hours during the day and three hours during the night, making about 3 xii. as a maximum in the twenty-four hours.

By the end of the next fourteen days you will probably have been able to increase the quantity by degrees to 3 ij. at each meal, and during the second month of life 3 iij. is generally sufficient at one time. Some large babies can, however, assimilate 3 iv. Up to this time the child will have had ten feeds in each twenty-four hours, but when taking 3 iij. at a time eight feeds will be enough. At four months old the baby will take 3 ivss. in each bottle, making about 3 xxiv. in the twenty-four hours, and being fed every three hours during the day and four-hourly at night.

At six months the child will generally take about 3 xxxv. of food, given in quantities of 3 vi. at each meal ; by the time it reaches ten months it should be having about 3 xl. in 3 viii. quantities.

The most scientific method of feeding infants is by altering with mathematical precision the proportions of proteids, fats, and carbo-hydrates in ordinary cows' milk. This is known as the percentage system and is widely practised in America, where many dairies have a special branch of their business concerned with this alone. The physician orders the child's food by writing out a prescription of the percentage composition of the milk required in this manner :—

Proteids	...	...	...	so much per cent.
Fats	...	...	...	”
Carbo-hydrates	...	...	...	”
Water...	...	...	...	”

(Or some other diluent.)

the amounts of course varying with the age and requirements of the child.

In these prescriptions proteids represent milk-albumen and casein ; milk-sugar does duty for the carbo-hydrates and cream for the fats. It is obvious that for the correct dispensing of these prescriptions elaborate laboratories are requisite for the testing and analysis of each sample of milk, as any variation will make an error in the calculations.

Again, exact knowledge is requisite, on the part of the prescriber, of the food natural to children at different ages, and various charts have been drawn up by Dr Pritchard and others, showing how milk may be modified to suit the requirements of the growing infant. The scheme is too elaborate and expensive at present to come into vogue amongst the poor, and it would be impossible to carry it out in district work. I shall therefore prefer to give you instructions which can be relied upon as simple in preparation and certain to give satisfactory results if carried out with care, cleanliness, and intelligence.

The American Nursing World.

We have nothing quite analogous in this country to the hospital Superintendent—an official who claims the power of supreme personal authority in many American hospitals, and is the source of all information through which the affairs of the hospital reach the Committee. We call these officers Dictators, and they are commonly known in the States *sub rosa* as the “Boss.” They occupy the position claimed by the late “General Director” at the National Hospital—in our opinion an untenable one. A limited number of these Superintendents are women, and they have a National Association which meets annually to discuss hospital questions.

At a recent meeting held in Philadelphia Dr. H. M. Rowe, the Superintendent of the Boston City Hospital, presented a very able paper on “Observations on Hospital Organisation,” which contains much useful information, but which apparently called forth a real discussion only on one point—that of the relative positions of Superintendent of Nurses and Housekeeper—whether the two offices should be separate, or whether there should be one domestic authority, centred in the Superintendent of Nurses, with subordinate officials under her deputed to act as superintendents of the various domestic departments, such as Housekeeper, Home Sister, Laundry Sister, &c.

Dr. Rowe we are glad to find on the side of one Domestic Head—as nursing (and the care of the nursing staff) is primarily a domestic art—and the maintenance of discipline and the comfort of the staff has been found quite impossible in this country under the old system of dual control of Lady Superintendent and Housekeeper, and is now

[previous page](#)

[next page](#)